



Notice of Independent Review Decision

DATE OF REVIEW: 12/24/2008

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for Lumbar CT scan.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

A Texas licensed Orthopedic Surgeon.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for a Lumbar CT scan.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Notice to of Case Assignment dated 12/10/08.
- Confirmation of Receipt dated 12/10/08.
- Request for a Review by and Independent Review Organization dated 12/9/08.
- Notice of Referral Letter dated 12/11/08.

- Peer Review Report dated 12/5/08, 11/20/08.
- Determination Notification Letter dated 1/3/05.
- Independent Review Organization Summary dated 12/11/08.
- PR-1 dated 12/17/03.
- Work Status Report dated 7/22/05, 7/14/05, 7/7/05, 2/11/04, 1/9/04, 1/7/04, 12/26/03, 10/14/04.
- Visit Report dated 12/17/03.
- Initial Evaluation Report dated 12/22/03.
- Plan of Care dated 12/22/03.
- SOAP Note dated 1/2/04.
- Doctor's Note dated 1/13/04.
- History, Physical, and Neurological Examination report dated 1/7/04.
- Back Evaluation Form dated 2/18/04.
- Physical Therapy Daily Note/Progress Report dated 3/10/04, 3/9/04, 3/4/04, 3/2/04, 3/1/04, 2/27/04, 2/26/04, 2/24/04, 2/20/04, 2/19/04.
- Physical Therapy Re-Evaluation Report dated 3/11/04.
- Physical Therapy Discharge Summary dated 3/11/04.
- Right Hip X-Ray Report dated 4/16/04.
- Medical Conference Note dated 3/1/06, 6/21/04, 11/8/04.
- Operative Report dated 7/1/04.
- Follow-Up Report dated 11/14/08, 10/16/08, 6/27/08, 2/9/07, 7/20/07, 5/11/07, 6/29/04, 5/28/04, 4/16/04, 3/23/04, 2/11/04, 12/21/07, 3/21/08, 6/13/08, 8/11/06, 11/10/06, 7/7/06, 12/19/05, 11/17/05, 9/30/05, 8/19/05, 6/10/05, 7/7/05, 7/14/05, 2/17/05, 3/11/05, 1/14/05, 7/21/04, 8/27/04, 10/14/04, 11/19/04, 6/2/06.
- Letter of Appeal dated 10/29/04, 12/1/08.
- Reconsideration Request Letter dated 1/14/05.
- Medical Necessity Letter dated 6/2/06, 1/15/05, 11/27/06, 11/21/08, 12/5/08.
- Request for Reconsideration dated 3/31/05.
- Range of Motion Results dated 3/17/05, 3/3/05, 2/16/05.
- Medical Evaluation Report/Letter dated 7/22/05.
- History and Physical Examination Report dated 7/22/05.
- Functional Capacity Evaluation Results dated 7/22/05.
- Lumbar Spine X-Ray Report dated 9/30/05, 6/27/08.
- Chart Note dated 9/30/05.
- Improvement Questionnaire dated 1/30/06.
- Chronic Pain Evaluation Report dated 3/17/06.
- Opinion Response Form dated 5/2/06.
- Additional Information Request Letter dated 4/20/06.
- Health and Behavioral Intervention Report dated 7/11/06, 7/5/06, 6/29/06, 6/27/06, 6/22/06, 6/15/06, 6/13/06.
- Office Visit Report dated 2/16/05, 2/22/05, 2/21/05, 2/26/05, 2/28/05, 3/1/05, 3/3/05, 3/7/05, 3/8/05, 3/10/05, 3/14/05, 3/15/05, 3/17/05, 3/21/05, 3/22/05, 3/24/05, 3/28/05, 3/29/05, 3/31/05, 4/4/05, 4/5/05, 4/11/05, 4/12/05, 4/14/05.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years old
Gender: Female
Date of Injury: xx/xx/xx
Mechanism of Injury: Struck by falling merchandise.

Diagnosis: Lumbar spine pain.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

This claimant is a xx year-old female who was struck by falling merchandise on xx/xx/xx causing her to jerk forward and resulting in lumbar spine pain. She was also hit in the lumbar spine two days later (12/19/03) by a basket full of products. The claimant was seen on 12/17/03, the report of which was hard to read, but noted lumbar pain starting in the upper lumbar and radiating to the right lower area. She denied leg symptoms. X-rays showed no acute bony defects. Reflexes were normal bilaterally, there was tenderness to palpation (TTP) over the upper lumbar, an antalgic gait and intact strength. Lumbar strain and spasm were diagnosed. Bextra, Zanaflex, therapy and modified duty were recommended. At the 01/02/04 visit, which was also hard to read she reported low back and right hip pain radiating to the right leg with burning and numbness as well as tailbone and upper back and T12 pain. Heel/toe walk was painful on the right side, there was tenderness to palpation with motion at T8 down into the lumbar spine with spasms, decreased motion, pain worse with forward flexion and extension, moderate spasms, worse on the right to palpation and straight leg raise (SLR) was positive bilaterally, greater on the right. She had painful hips with referred pain to the back on forward flexion at 75 degrees with her knees straight and mild back discomfort on abduction at 30 degrees. Hip sprain in the pubic and sacral junctions were diagnosed. She declined an MRI and wanted to be transferred to her private physician. On 01/07/04 Dr. evaluated the claimant noting constant lumbar pain radiating to the right hip and down both legs, much worse on the right with numbness in the right leg and right foot. Therapy made her much worse. She was working light duty and lost her balance. Her primary care physician stated that she had problems at T10-11 or 12. She reported pain in the right anterior thigh and right posterior calf from the knee to the ankle, the left leg symptoms were similar to the right, but much more intermittent. TTP of the lumbar spine and right buttock and some guarding of the low back with gait and heel/toe walking, she was slow moving from supine to sitting due to low back pain. She had a positive SLR on the right at 60 degrees reproducing low back and buttock pain. Reflexes were 1 and symmetric at the knees and absent at the ankles. Right greater than left lumbar radiculopathy was added to her diagnoses and therapy, discontinuation of Bextra and Zanaflex, labs, Tramadol, carisoprodol, Celebrex, Nexium, lumbosacral x-rays and CT scan as well as

continuation of light duty were recommended. At the 02/11/04 follow-up she was making good progress with therapy, but had residual right buttock pain when leaning forward, bending or lifting the right leg. She was nontender to palpation, had low back pain with extension, a negative straight leg raise and reflexes of 1 and symmetric. A lumbar CT on 02/04/04 was noted to show a 1-2 millimeter bulge at L4-5 and L5-S1. Lumbar facet syndrome and a 2 millimeter disc bulge at L4-5 and L5-S1 were added to her diagnoses. On 03/23/04 she reported not much help with therapy and low back, right hip and buttock pain, especially with bending. She denied numbness or tingling in the feet. There was TTP with a trigger point in the right buttock and positive facet signs. Reflexes were 2 and symmetric, SLR was negative and Patrick's was positive on the right. Right hip X-rays on 04/16/04 were normal. On 07/01/04 the claimant underwent bilateral lumbar facet injections/chemical facet rhizotomies at L3-4, L4-5 and L5-S1 without relief. The claimant continued treating with Dr. and his physician assistants through 07/14/05 with medications, chiropractics and activity modification. On 07/07/05 she saw , PA on an urgent basis for a recent exacerbation of right hip and low back pain without incident. She was especially bad with trying to squat and it was painful to try to wipe herself after a bowel movement. There was tenderness at L4-5 on the right and mild tenderness in the gluteus maximus. Strength, reflexes and SLR were normal. A recent exacerbation of low back right greater than left was diagnosed and a Medrol Dosepak, refill of Ketoprofen, Nexium and continuation of activity restrictions were recommended. On 07/22/05 Dr. performed a required medical evaluation. The examination that day showed pain with positive one stance on the right and positive FABERE's on the right with back pain. The examination was otherwise negative. Dr. opined that the claimant sustained a sprain/strain of the low back, right hip and buttocks muscles that should have resolved over 3-4 months and should long ago have achieved maximum medical improvement and complete recovery. He stated there were no objective findings and had primarily subjective complaints consistent with soft tissue complaints and should be able to resume and return to increased levels of activity. He stated she would require follow-up evaluations with her treating physician on approximately 2-3 times a year and for flare-ups, but did not require referrals to other physicians, additional diagnostic testing, invasive studies, injections, durable medical equipment, formal therapy, chiropractics, work conditioning or hardening and should do a home exercise program and over the counter anti-inflammatories or analgesics. The functional capacity evaluation that day noted difficulty with flexion and lifting objects from real low to a height, crawling, climbing, stooping, or twisting. She was capable of standing and walking and occasional sitting and physiologically showed her ability to work at a moderate level or even light level and should be able to do some lifting of up to at least 10 pounds frequently. She was unable to do isometric testing as she stated she could not bend or stoop due to back pain. Jamar's strength testing showed a lack of maximum voluntary effort. She was unable to continue with testing for dynamic progressive lifting and stated her pain was intolerable. On 08/19/05 the claimant presented again to James Miller, PAC, for a recent exacerbation of right hip and low back pain. She remained tender at L4-5 on the right, had mild tenderness in the gluteus maximus and normal strength, reflexes and SLR. Lumbar X-rays on 09/30/05 showed multilevel anterior spondylosis with minimal retrolisthesis at L2-3 and L3-4.

Otherwise she had a radiographically normal lumbar spine including flexion and extension. She was referred for more chiropractics and acupuncture. On 01/30/06 Dr. completed a questionnaire stating the claimant had reached statutory maximum medical improvement on 12/17/05 and needed additional treatment to maintain that with medications and office visits. She began treating with a psychologist with who she treated through 07/11/06. She continued treating through 12/21/07 at which time she noted increased pain with the Christmas season and her work level. Her examination was unchanged. She continued on medications. On 06/13/08 re-evaluated her noting chronic pain syndrome and continued right leg pain radiating into the thigh and sometimes to the calf. She was very tender in the lower lumbar area, greater on the right and facet signs were very positive. Strength and reflexes remained normal. Lumbar radiculitis was added to her diagnoses. Lumbar spine X-rays on 06/27/08 showed multilevel anterior spondylosis with minimal retrolisthesis at L2-3 and L3-4. Otherwise she had a radiographically normal lumbar spine including flexion and extension. These films were compared with the 09/30/05 study showing no definite interval change. re-evaluated her on 10/16/08 at which time it was noted that her medications were helping until recently when the pain worsened including the right leg pain. She remained tender in the lower lumbar area. SLR was positive on the right to 80 degrees producing right low back pain. Strength and reflexes were normal. A Medrol Dosepak was recommended. At the 11/14/08 follow-up she reported left lower extremity pain, numbness and tingling and more recently radiating pain into the right leg and thigh, occasionally to the calf with worsening radicular and low back pain. The examination showed tenderness in the lower lumbar area, a positive straight leg raise on the right to 80 degrees, right Achilles reflex of 1 and dorsiflexion weakness on the left foot rated 5-/5. Lumbar radiculitis right greater than left at L5-S1 was added to her diagnoses and a lumbar CT scan ordered. This was denied on two reviews 11/20/08 and 12/05/08 and is currently under dispute. The requested CT scan may be reasonable. This claimant should have some type of diagnostic imaging to evaluate for neural compressive pathology. This could include an MRI, CT or CT myelogram study. In general an MRI would be the study of choice, but the claimant has under gone at CT in the past. It is not clear if the claimant for some reason is unable to obtain an MRI. The diagnostic study would appear reasonable based on the claimant's progressive clinical complaints of increasing lower extremity pain with numbness and tingling. The claimant has a positive straight leg raise and has reports of a worsening neurologic deficit with dorsiflexion weakness of the left foot as well as a diminished Achilles reflex. The claimant has not had recent neurodiagnostic studies and it is certainly possible that the claimant's preexisting degenerative disc disease has progressed to the point that she has neural compressive pathology at this time. The request for lumbar CT is medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.

- AHCPR – AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES.
- DWC – DIVISION OF WORKERS' COMPENSATION POLICIES OR GUIDELINES.
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN.
- INTERQUAL CRITERIA.
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS.
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES.
- MILLIMAN CARE GUIDELINES.
- ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

Official Disability Guidelines, (ODG), Treatment Index, 5th Edition, 2007, Low back-CT.

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.
- TEXAS TACADA GUIDELINES.
- TMF SCREENING CRITERIA MANUAL.
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).